

**LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

200 W. Washington, Suite 301
Indianapolis, IN 46204
(317) 233-0696
<http://www.in.gov/legislative>

FISCAL IMPACT STATEMENT

LS 6487

BILL NUMBER: SB 151

NOTE PREPARED: Nov 30, 2004

BILL AMENDED:

SUBJECT: Mental Health and Developmental Service Data.

FIRST AUTHOR: Sen. Antich-Carr

BILL STATUS: As Introduced

FIRST SPONSOR:

FUNDS AFFECTED: X GENERAL
X DEDICATED
X FEDERAL

IMPACT: State & Local

Summary of Legislation: This bill requires certain providers of mental health, addiction, mental retardation, and developmental disability services to compile certain data and to forward the data to the Secretary of Family and Social Services and the Family and Social Services Administration division through which payment is made for the services.

Effective Date: July 1, 2005.

Explanation of State Expenditures: *Summary.* This bill requires the Division of Disability, Aging, and Rehabilitative Services (DDARS) and the Division of Mental Health and Addiction (DMHA) to collect data from service providers relative to individuals who are returning for additional services. In addition, the bill requires the divisions to use the data to evaluate the effectiveness of services provided.

Neither division currently collects data pertaining to the number of persons leaving or returning for services. As a result, the number of individuals falling under the requirements of this bill is unknown. However, DDARS reports that very few people leave its system after entering. The majority of data will be collected from DMHA clients. Currently, both divisions collect minimal data from a small portion of those served. It is assumed that similar methods of collection can be used to fulfill the requirements of this bill. A need for additional staff is not anticipated. Any increases in expenditures are likely to be small.

Background Information:

This bill would affect two divisions of the Family and Social Services Administration (FSSA): DDARS and

DMHA. The bill would require the divisions to collect information from service providers pertaining to individuals who have previously received services, discontinued service reception, and subsequently returned for additional services from the same provider. At this time, neither division has a definition for “leaving services.

Types and Number of Service Providers:

Service Provider	Number	Note
State Institutions	6	
Licensed Private Psychiatric Hospitals*	Included Below	
Community Mental Health Centers*	Included Below	
Community Mental Retardation and Other Developmental Disabilities Centers	109	
Service Providers Certified by DMHA to Provide Substance Abuse Treatment Programs*	174	Includes 18 private psychiatric hospitals
Service Providers or Programs Receiving Money From or Through the Division (1)	Unknown**	
Any Other Service Providers, Hospitals, Clinics, Programs, Agencies, or Private Practitioners If the Individual Receiving Mental Health Services or Developmental Training Was Admitted Without the Individual’s Consent (2)	Unknown**	
Managed Care Providers*	36	Includes 31 Community Mental Health Centers
<p>* Some service providers offer multiple services. As a result, there is some overlap in category numbers.</p> <p>** Unknown: The number of service providers in this category is so broad that any accurate estimation of the number of providers would be impossible. <i>See 1 & 2 below.</i></p> <p>(1) Medicaid waivers make Medicaid funds available for home and community-based services as an alternative to institutional care. There are numerous providers certified through DDARS that provide Medicaid waiver services. The actual number of providers is currently unknown. The number of waiver service providers continues to increase annually.</p> <p>(2) Current statute allows commitment of a person to an “appropriate facility. As a result, individuals are occasionally committed to places other than state psychiatric facilities. Thus, the number of providers that might fall under this category is unknown, however, it should be noted that the number of individuals committed to such facilities is likely small.</p>		

Number of Persons Served:

DMHA: Served a total of 106,583 persons in FY 2004. Of those persons, 104,488 were provided services at community mental health centers, addiction treatment programs, and managed care providers. The remaining 2,095 received services at an inpatient psychiatric unit.

DDARS: Clientele falling under the requirements of this bill are persons residing in state hospitals and those receiving waiver or Individual Community Living Budget (ICLB) services.

State Hospitals:

Fort Wayne and Muscatatuck Numbers (as of September 2004)	
Facility	Number of Residents
Fort Wayne State Developmental Center	248
Muscatatuck State Developmental Center	71

Waiver:

Types of Waiver, No. of People Currently Served, and Waiting List Numbers (SFY 2004)		
Waiver	Number of People Currently Served	Waiting List Number (Duplicated)
Support Services	3,658	7,996
Autism	346	2,430
Developmental Disabilities	5,303	12,569
Aged and Disabled	4,637	1,740
Assisted Living	106	45
Medically Fragile Child	131	892
Traumatic Brain Injury	176	294
Total	14,357	25,966

ICLB: The Individual Community Living Budget program provides services to two groups of persons: (1) persons that receive Medicaid waiver and ICLB services, and (2) persons who only receive ICLB services. Only persons in group 2 are counted here. Individuals falling into group 1 were included in the waiver numbers listed above. The total number of ICLB individuals that are not receiving waiver services is 762.

Numbers Leaving: DDARS reports that the majority of its clients stay within the system after entering. The one exception is that some individuals become incarcerated. At that time they are forced to leave the system because they are no longer Medicaid-eligible. The Division reports that data pertaining to this is not available. At this time, DMHA does not collect data on the number of persons leaving services.

Current Data Collection: Currently, DMHA collects data from individuals receiving Hoosier Assurance Plan (HAP) assistance. HAP is the primary funding system used by DMHA for mental health and addiction services. DMHA contracts with managed care providers who offer an array of care for individuals who meet diagnostic, functioning level, and income criteria. HAP individuals are only eligible to receive services from managed care providers. Thus, this population only represents a small portion of the individuals served by the DMHA. Upon entering the program, HAP beneficiaries receive an identification number for tracking and to protect confidentiality.

The Indiana Administrative Code provides that all DDARS service providers collect information from clientele pertaining to satisfaction. Collection of this data varies by service provider. This includes both method of collection and data identified for collection.

Data Collection: Data is currently unavailable relative to the number of individuals returning for services. Neither DMHA nor DDARS collect information on the number of persons leaving or returning. DDARS, however, reports that the number of individuals returning is minimal. The majority of data collection will occur from DMHA service providers and clients. However, due to unavailability of data, it is impossible to assign an accurate figure to this.

The number of individuals that data is collected from may be affected by several other factors. First, the bill requires data be collected from persons returning to the same service provider for additional services. Some individuals returning for services may seek services from a different provider. Second, participation in the study is voluntary; some people may opt not to participate.

It is assumed that systems similar to those that are currently being used for data collection, data forwarding, and data analysis can be used by both service providers and the divisions. Any increase in expenditures would likely be minimal. Data can be collected from individuals when they return for services during intake. The need for additional staff to facilitate the data collection is not anticipated. Any increase in expenditures would be dependent on administrative action.

Explanation of State Revenues:

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: Family and Social Services Administration.

Local Agencies Affected: Local DDARS and DMHA service providers.

Information Sources: Kristin Schunk, DDARS, 234-1142; T.G. Williams, DDARS, 233-9525; Suzanne Clifford, DMHA, 232-7845; Willard Mays, DMHA, 232-7894; *Indiana Family and Social Services Administration Overview*, 2003; Kathy Gregory, DMHA, 232-7942; FSSA, Getting Services, <http://www.in.gov/fssa/shape/hap.html>; Ehren Bingaman, Legislative Liaison, FSSA, 234-2873; Gregory Jinks, DDARS, 234-1913.

Fiscal Analyst: Sarah Brooks, 317-232-9559.